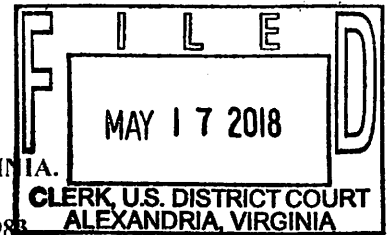


IN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF VIRGINIA.

COMPLAINT UNDER CIVIL RIGHTS ACT 42 U.S.C. § 1983



Action Number 1:18CV587-LO-IDD
(To be supplied by the Clerk U.S. District Court)

Please fill out this complaint form completely. The court needs the information requested in order to assure that your complaint is processed as quickly as possible and that all your claims are addressed. Please print/write legibly or type.

I. PARTIES

A. Plaintiff:

1. (a) Christopher N. Payne
(Name)
- (b) # 1381249
(Inmate Number)
- (c) (S28P) 24427 Musselwhite dr
Waverly, Va 23831
(Address)

Plaintiff MUST keep the Clerk of Court notified of any change of address due to transfer or release. If plaintiff fails to keep the Clerk informed of such change, this action may be dismissed.

B. Defendant (s):

Plaintiff is advised that only persons acting under color of state law are proper defendants under section 1983. The Commonwealth of Virginia is immune under the Eleventh Amendment.

Private parties such as attorneys and other inmates may not be sued under section 1983. In addition, liability under section 1983 requires personal action by the defendant that caused you harm. Normally, the Director of the Department of Corrections, wardens and sheriffs are not liable under section 1983 just because they supervise persons who may have violated your rights. These persons are liable only if they were personally involved in the alleged deprivation. In addition, prisons, jails, and departments within an institution are not persons under section 1983.

1. (a) Jahal, Taslimi
(Name)
- (b) Medical Doctor @ Armer Health Serv.
(Title/job description)
- (c) 3500 Woodway
State Farm Va, 23160
(Address)

2. (a) Ms Smith
(Name)
- (b) LPN HSA Amor Health Serv.
(Title/job description)
- (c) 3500 Wood's way Ln
State farm Va, 23160
(Address)
3. (a) _____
(Name)
- (b) _____
(Title/job description)
- (c) _____
(Address)

If there are additional defendants, please list them on a separate sheet of paper. Provide all identifying information for each defendant named.

Plaintiff MUST provide an address for defendant(s) in order for the court to serve the complaint. If plaintiff does not provide an address for a defendant, that person may be dismissed as a party to this action.

In addition, plaintiff MUST provide a copy of the completed complaint and any attachments for EACH defendant named.

II. PREVIOUS LAWSUITS

A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment?

Yes [] No [☒]

B. If your answer to A is YES: You must describe any lawsuit, whether currently pending or closed, in the space below. [If there is more than one lawsuit, you must describe each lawsuit on another sheet of paper, using the same outline, and attach hereto.]

1. Parties to previous lawsuit:

Plaintiff(s) _____

Defendants(s) _____

2. Court [if federal court, name the district; if state court, name the county]:

3. Date lawsuit filed: _____
4. Docket number: _____
5. Name of judge to whom case was assigned: _____

6. Disposition [Was case dismissed? Appealed? Is it still pending? What relief was granted, if any?]:

III. GRIEVANCE PROCEDURE

A. At what institution did the events concerning your current complaint take place?

Deep Med Corr Center Medical Unit (Dmcc)

B. Does the institution listed in A. have a grievance procedure? Yes ☒ No ☐

C. If your answer to B. is YES:

1. Did you file a grievance based on this complaint? Yes ☒ No ☐

2. If so, where and when: 1-16-18 informal Filed Answered on
1-29-18 by HSA Smith Or. Grievance Filed on 1-30-18
All Attached

3. What was the result? Your Complaint has been Addressed

4. Did you appeal? Yes ☒ No ☐

5. Result of appeal: None "No Answer" Sent 1-30-18

D. If there was no prison grievance procedure in the institution, did you complain to the prison authorities?

Yes ☐ No ☐

If your answer is YES: What steps did you take? _____

E. If your answer is No, explain why you did not submit your complaint to the prison authorities.

IV. STATEMENT OF THE CLAIM

[State here as briefly as possible the facts of your case. Describe how each defendant is involved and how you were harmed by their actions. Also include the names of any other persons involved, dates and places of events. You may cite constitutional amendments you allege were violated, but DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege several related claims, number and set forth each claim in a separate paragraph.]

On 1-16-18 at 10:15am Medical doctor J. Taslimia & C/o Guill came to my Bed #26 in a open dorm with other staff, offenders, civilian's with ~ 5 feet away and disclosed "You did not take your HIV Meds today" to where others stopped talking and looked plus C/o Guill.

Hippa Violation Complaint Filed 1-18-18 Va DHR

- 1) Statement from witness C/o Guill (Attached)
- 2) Policy 720.1 pg 2 #6

(Violation of Const right an COV "Code of Va")

CP

(Attach additional sheets if necessary)

CP

V. RELIEF

I understand that in a section 1983 action the court cannot change my sentence, release me from custody or restore good time. I understand I should file a petition for writ of habeas corpus if I desire this type of relief.
CP. [please initial]

The plaintiff wants the court to: [check those remedies you seek]

- ☒ award money damages in the amount of \$ 95,000.00
- ☒ grant injunctive relief by Correctional Officer to Quill Compell
to make a sworn aff. Ref to Case.
- ☒ Other Suspend M.D. Lic to practice. Plus legal
Fee's 3/ Court Cost 100%.

VI. PLACES OF INCARCERATION

Please list the institutions at which you were incarcerated during the last six months. If you were transferred during this period, list the date (s) of transfer. Provide an address for each institution.

CWCC, DWCC, DWCC, PMU, SXZ

VII. CONSENT

CONSENT TO TRIAL BY A MAGISTRATE JUDGE: The parties are advised of their right, pursuant to 28 U.S.C. § 636 (C), to have a U.S. Magistrate Judge preside over a trial, with appeal to the U.S. Court of Appeals for the Fourth Circuit.

DO YOU CONSENT TO PROCEED BEFORE A U.S. MAGISTRATE: Yes ☒ No ☐

You may consent at any time; however, any early consent is encouraged.

VIII. SIGNATURE

If there is more than one plaintiff, each plaintiff must sign for himself or herself.

CP
 Signed this 4 day of May, 20 18

Plaintiff CP
 (SIGNATURE)